

# Application For Vendor In Good Standing Status Under The State Use Program

**Governor's Committee On Disability Issues And Employment**  
**P.O. Box 9046, Olympia, WA 98507-9046**  
**Voice; 360-438-3168 TTY; 360-438-3167**

## Contact Information

(1) Contact person and Title:		
(2) Legal name of Corporation:		
(3) Phone #:	(4) Other Phone #:	(5) Fax #:
(6) E-mail:	(7) Website:	
(8) Street address <i>(No P.O. Box)</i> :	City:	
	County:	
	State:	Zip:
(9) Mailing address <i>(No P.O. Box)</i> :	City:	
	County:	
	State:	Zip:
(10) Uniform Business Identifier Number (UBI)		(11) Federal Employer Identification Number (FEIN)

### **Application Fees:**

- Applications must be accompanied by the annual application fee of \$500. The application fee is nonrefundable.
- **Do not** send cash.
- Make checks payable to; “The Vendor in Good Standing Account.”

- ☐ A document issued by the department of social and health services recognizing the applicant as eligible to do business as a community rehabilitation program; and
- ☐ A document issued by the secretary of state establishing that the applicant is registered as a nonprofit corporation.

- ☐ Issued by the department of social and health services establishing that the individual exercising ownership and control has been determined to have a developmental disability as defined in RCW 71A.10.020; or
- ☐ Issued by an agency established under title I of the federal vocational rehabilitation act establishing that the individual exercising ownership and control has been determined to be or have been eligible for vocational rehabilitation services; or
- ☐ Issued by the united states social security administration establishing that the individual exercising ownership and control have been determined to be or have been eligible for social security disability insurance or supplemental security income; or
- ☐ Issued by the united states department of veterans affairs establishing that the individual exercising ownership and control have been determined to be or has been eligible for vocational rehabilitation services due to a service connected disability under 38 u.s.c. sec 3100 et seq.

Applications must be accompanied by documentation that objectively demonstrates that the applicant has met or made progress over the previous twelve months toward meeting a minimum of six of the following criteria. Please provide the relevant information for each criterion. If an applicant has met or shown progress in at least six of the criteria, there is no penalty if that applicant has regressed in one or more of the other criteria.

All applicants are to document their levels on each of the following eligibility criteria for the most recent full quarter preceding the date of application, and for the same quarter in the previous year. Please provide the starting and ending dates for the quarter from which the following information was drawn.

**Most recent full quarter: Start** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**m d y m d y**

- (1) The number of people with disabilities in the entity's total work force who are working in integrated settings.

**Integrated setting means:**

a setting commonly found in the community (such as a store, office or school) where the individual with a disability comes into contact with nondisabled people who are not providing vocational rehabilitation services or other specialized services to that individual; or A setting commonly found in the community where the individual with a disability comes into contact with nondisabled people as he/she does his/her work. The amount of contact the individual with a disability has with nondisabled people is the same that a nondisabled person in the same type of job would experience.

- (A) How many people with disabilities were employed by the applicant, and working in an integrated setting, during the most recent full quarter preceding the date of application? \_\_\_\_\_
- (B) How many people with disabilities were employed by the applicant, and working in an integrated setting, during the same quarter for the previous year? \_\_\_\_\_
- (C) Briefly describe the documentation provided with the application in support of this criterion.

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- (2) The percentage of the people with disabilities in the entity's total work force who are working in integrated settings.

**Integrated setting means:**

a setting commonly found in the community (such as a store, office or school) where the individual with a disability comes into contact with nondisabled people who are not providing vocational rehabilitation services or other specialized services to that individual; or A setting commonly found in the community where the individual with a disability comes into contact with nondisabled people as he/she does his/her work. The amount of contact the individual with a disability has with nondisabled people is the same that as nondisabled person in the same type of job would experience.

- (A) What percent of the total number of people with disabilities employed by the applicant were working in an integrated setting, during the quarter immediately preceding the date of application? \_\_\_\_\_
- (B) What percent of the total number of people with disabilities employed by the applicant were working in an integrated setting, during the same quarter of the previous year? \_\_\_\_\_
- (C) Briefly describe the documentation provided with the application in support of this criterion.

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- (3) The number of people with disabilities in the entity's total work force who are working in individual supported employment settings.
- (A) How many people with disabilities were employed by the applicant, and working in an individual supported employment setting, during the most recent full quarter preceding the date of application? \_\_\_\_\_.
- (B) How many people with disabilities were employed by the applicant, and working in an individual supported employment setting, during the same quarter for the previous year? \_\_\_\_\_
- (C) Briefly describe the documentation provided with the application in support of this criterion.

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- (4) The percentage of the people with disabilities in the entity's total work force who are working in individual supported employment settings.
- (A) What percent of the total number of people with disabilities employed by the applicant were working in an individual supported employment setting, during the quarter immediately preceding the date of application? \_\_\_\_\_
- (B) What percent of the total number of people with disabilities employed by the applicant were working in an individual supported employment setting, during the same quarter of the previous year? \_\_\_\_\_
- (C) Briefly describe the documentation provided with the application in support of this criterion.

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- (5) The number of people with disabilities in the entity's total work force who, during the last twelve months, have transitioned to less restrictive employment settings either within the entity or with other community employers. Transitioned to a less restrictive employment setting means: any change to an individual's job or work setting, or working conditions that increases that individual's workplace integration, independence from special services or participation in unsubsidized work. Some examples include moving from sheltered to supported employment; or from non-integrated to integrated employment; or from working for a community rehabilitation program to working for a community employer.
- (A) How many people with disabilities who had been employed by the applicant at some point during the twelve months immediately preceding the time of application had transitioned to less restrictive employment settings during those twelve months either within the entity or with other community employers? \_\_\_\_\_

(B) How many people with disabilities who had been employed by the applicant at some point during the year prior to the period reported above had transitioned to less restrictive employment settings during those twelve months either within the entity or with other community employers? \_\_\_\_\_

(C) Briefly describe the documentation provided with the application in support of this criterion.

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(6) The number of people with disabilities in the entity's total work force who are earning at least the state minimum wage.

(A) How many people with disabilities employed by the applicant were paid at least the state minimum wage for all hours worked, during the quarter immediately preceding the date of application? \_\_\_\_\_

(B) How many people with disabilities employed by the applicant were paid at least the state minimum wage for all hours worked, during the same quarter in the previous year? \_\_\_\_\_

(C) Briefly describe the documentation provided with the application in support of this criterion.

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(7) The percentage of the people with disabilities in the entity's total work force who are earning at least the state minimum wage.

(A) What percent of the total number of people with disabilities employed by the applicant were paid at least the state minimum wage for all hours worked, during the quarter immediately preceding the date of application? \_\_\_\_\_

(B) How many people with disabilities employed by the applicant were paid at least the state minimum wage for all hours worked, during the same quarter in the previous year? \_\_\_\_\_

(C) Briefly describe the documentation provided with the application in support of this criterion.

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- (8) The number of people with disabilities serving in supervisory capacities within the entity.
- (A) How many people with disabilities employed by the applicant, were employed in positions in which they supervised the work of other employees during the quarter immediately preceding the date of application? \_\_\_\_\_
- (B) How many people with disabilities employed by the applicant, were employed in positions in which they supervised the work of other employees during the same quarter for the previous year? \_\_\_\_\_
- (C) Briefly describe the documentation provided with the application in support of this criterion.

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- (9) The percentage of supervisory positions within the entity that are occupied by people with disabilities.
- (A) What percent of all individuals employed by the applicant in positions in which they supervised the work of other employees, were people with disabilities during the quarter immediately preceding the date of application? \_\_\_\_\_
- ((B) What percent of all individuals employed by the applicant in positions in which they supervised the work of other employees, were people with disabilities during the same quarter for the previous year? \_\_\_\_\_
- C) Briefly describe the documentation provided with the application in support of this criterion.

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- (10) The number of people with disabilities serving in an ownership capacity or on the governing board of the entity.
- (A) How many of those who exercise ownership and participate in the day to day management of the applicant entity, or who serve in elected or appointed positions on a board with the authority to hire and fire the Executive Director of the applicant entity, were people with disabilities during the quarter immediately preceding the date of application? \_\_\_\_\_
- (B) How many of those who exercise ownership and participate in the day to day management of the applicant entity, or who serve in elected or appointed positions on a board with the authority to hire and fire the Executive Director of the applicant entity, were people with disabilities during the same quarter for the previous year? \_\_\_\_\_

(C) Briefly describe the documentation provided with the application in support of this criterion.

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(11) The ratio of the total amount paid by the entity in wages, salaries, and related employment benefits to people with disabilities as compared to the total amount paid by the entity in wages, salaries, and related employment benefits to persons without disabilities during the previous year.

(A) What was the total amount paid by the applicant in wages, salaries, and related employment benefits to people with disabilities during the twelve months immediately preceding the date of application? \_\_\_\_\_

(B) What was the total amount paid by the applicant in wages, salaries, and related employment benefits to people who did not have a disability, during the twelve months immediately preceding the date of application? \_\_\_\_\_

(D) What was the total amount paid by the applicant in wages, salaries, and related employment benefits to people with disabilities during the year prior to the period reported above?

\_\_\_\_\_

(E) What was the total amount paid by the applicant in wages, salaries, and related employment benefits to people who did not have a disability, during the year prior to the period reported above? \_\_\_\_\_

(C) Briefly describe the documentation provided with the application in support of this criterion.

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(12) The percentage of people with disabilities in the entity's total work force for whom the entity has developed a reasonable, achievable, and written career plan.

(A) For what percent of the people with disabilities employed by the applicant had it developed reasonable, achievable, written career plans, at the time of application? \_\_\_\_\_

(B) For what percent of the people with disabilities employed by the applicant had it developed reasonable, achievable, written career plans, by the same date in the previous year? \_\_\_\_\_

(C) Briefly describe the documentation provided with the application in support of this criterion.

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I hereby swear and affirm that the foregoing statements are true and correct, that these representations are accurate, current and complete, that all information herein furnished is not confidential except as may be specifically provided otherwise by state or federal law, that the agency to which this application is submitted is authorized to contact any companies or individuals listed herein and other government agencies are hereby authorized to furnish such verification and additional information. I understand that false statements, omissions, or material misrepresentations will be grounds for denial, decertification or termination of any contract which may be awarded and for initiating action under Federal, state and local laws.

I agree that, after filing this questionnaire, if there is any significant change in the information submitted, I will, within 30 days, inform the agency to which this application is submitted of the changes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### **Application Fees:**

- Applications must be accompanied by the annual application fee of \$500. The application fee is nonrefundable.
- **Do not** send cash.
- Make checks payable to; “**The Vendor in Good Standing Account.**”

### **Send Application to:**

Attention: Vendor in Good Standing  
Governor’s Committee On Disability Issues And Employment  
P.O. Box 9046  
Olympia, WA 98507-9046